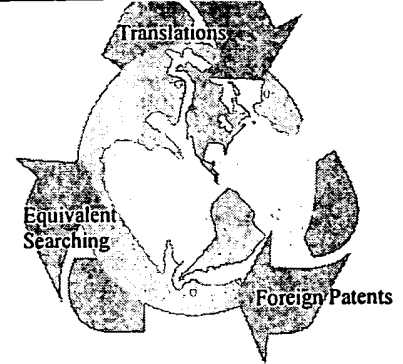


Request Form for Translation

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U. S. Serial No. : 09/446425

Requester's Name: Tracey Akpati

Phone No. : 703 305 7820

Fax No. : _____

Office Location: 4D11

Art Unit/Org. : 2131

Group Director: _____

Is this for Board of Patent Appeals? _____

Date of Request: 8/11/03

Date Needed By: 8/15/03

(Please do not write ASAP-indicate a specific date)

SPE Signature Required for RUSH: _____

Document Identification (Select One):

** (Note: Please attach a complete, legible copy of the document to be translated to this form)**

1. ☒ **Patent** Document No. _____
Language German
Country Code _____
Publication Date _____

No. of Pages _____ (filled by STIC)

2. ☐ **Article** Author _____
Language _____
Country _____

3. ☐ **Other** Type of Document _____
Country _____
Language German

To assist us in providing the most cost effective service, please answer these questions:

Will you accept an English Language Equivalent?
(Yes/No) (Yes)

Will you accept an English abstract?
(Yes/No) (Yes)

Would you like a consultation with a translator to review the document prior to having a complete written translation?
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Date assigned: 8/12
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Equivalent found: _____ (Yes/No) (Yes)

Doc. No.: _____

Country: _____

Remarks: _____

Translation

Date logged in: 8-13-03
PTO estimated words: 8444
Number of pages: _____
In-House Translation Available: _____

In-House: _____ Contractor: _____
Translator: _____ Name: SC
Assigned: _____ Priority: 8
Returned: _____ Sent: 8-13-03
Returned: _____

Request Form for Translation

U. S. Serial No. :

09/446425

Requester's Name:

Tracey Akpali

Phone No. :

703 305 7820

Fax No. :

Office Location:

4D11

Art Unit/Org. :

2131

Group Director:

Is this for Board of Patent Appeals? ☐

Date of Request:

8/11/03

Date Needed By:

8/15/03

(Please do not write ASAP-indicate a specific date)

PTO 2003-4949

S.T.I.C. Translations Branch

Phone:

308-0881

Fax:

308-0989

Location:

Crystal Plaza 3/4
Room 2C01

SPE Signature Required for RUSH:

Document Identification (Select One):

** (Note: Please attach a complete, legible copy of the document to be translated to this form)**

1. ☒ Patent

Document No.

9900929

Language

German

Country Code

WO

Publication Date

No. of Pages

(filled by STIC)

2. ☐ Article

Author

Language

Country

3. ☐ Other

Type of Document

Country

Language

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Will you accept an English abstract?

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Equivalent found:

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Doc. No.:

Country:

Remarks:

Translation

Date logged in:

PTO estimated words:

Number of pages:

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Contractor:

Name:

Priority:

Sent:

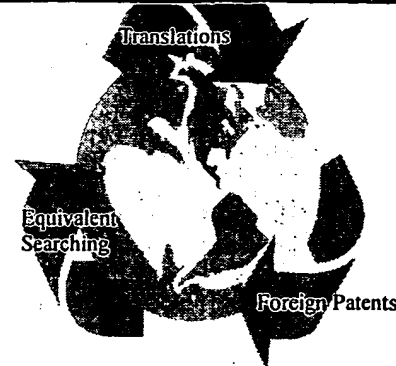
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Translations

Foreign Patents

Request Form for Translation

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U. S. Serial No. : 09/446425

Requester's Name: Tracey Akpali

Phone No. : 703 305 7820

Fax No. : _____

Office Location: 4D11

Art Unit/Org. : 2131

Group Director: _____

Is this for Board of Patent Appeals? _____

Date of Request: 8/11/03

Date Needed By: 8/15/03

(Please do not write ASAP-indicate a specific date)

SPE Signature Required for RUSH: _____

Document Identification (Select One):

** (Note: Please attach a complete, legible copy of the document to be translated to this form)**

1. ☒ Patent Document No. 9900929
Language German
Country Code WO
Publication Date _____

2. ☐ Article No. of Pages _____ (filled by STIC)

3. ☐ Other Author _____
Language _____
Country _____

3. ☐ Other Type of Document _____
Country _____
Language _____

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Doc. No.: _____

Country: _____

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Translation

Date logged in: 8-13-03

PTO estimated words: _____

Number of pages: _____

In-House Translation Available: _____

In-House: _____ Contractor: _____

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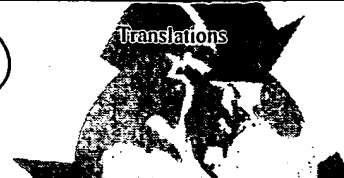
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100



U. S. Serial No. : 09/446425

Requester's Name: Tracey Akpati

Phone No. : 703 305 7820

Fax No. : _____

Office Location: 4D11

Art Unit/Org. : 2131

Group Director: _____

Is this for Board of Patent Appeals? _____

Date of Request: 8/11/03

Date Needed By: 8/15/03

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PTO 2003-4950

S.T.I.C. Translations Branch

Phone: 308-0881
Fax: 308-0989
Location: Crystal Plaza 3/4
Room 2C01

SPE Signature Required for RUSH: _____

Document Identification (Select One):

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1. ☒ Patent Document No. _____
Language German
Country Code _____
Publication Date _____

No. of Pages _____ (filled by STIC)

2. ☐ Article Author _____
Language _____
Country _____

3. ☐ Other Type of Document _____
Country _____
Language _____

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Doc. No.: _____
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In-House: _____ Contractor: _____
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Assigned: _____ Priority: _____
Returned: _____ Sent: 8-13-03
Returned: _____

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U. S. Serial No. : 09/446425

Requester's Name: Tracey Akpah

Phone No. : 703 305 7820

Fax No. : _____

Office Location: 4D11

Art Unit/Org. : 2131

Group Director: _____

Is this for Board of Patent Appeals? _____

Date of Request: 8/11/03

Date Needed By: 8/15/03

(Please do not write ASAP-indicate a specific date)

SPE Signature Required for RUSH:

Document Identification (Select One):

**** (Note: Please attach a complete, legible copy of the document to be translated to this form) ****

1. ☒ **Patent**

Document No. _____

Language German

Country Code _____

Publication Date _____

No. of Pages _____

(filled by STIC)

2. ☐ **Article**

Author _____

Language _____

Country _____

3. ☐ **Other**

Type of Document _____

Country _____

Language German

Document Delivery (Select Preference):

☐ Delivery to Exmr. Office/Mailbox Date: _____ (STIC Only)

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Will you accept an English abstract?

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Date assigned: 8/12

Date filled: 8/12

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Doc. No.: _____

Country: _____

Remarks: _____

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PTO estimated words: 3358

Number of pages: _____

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Translator: _____

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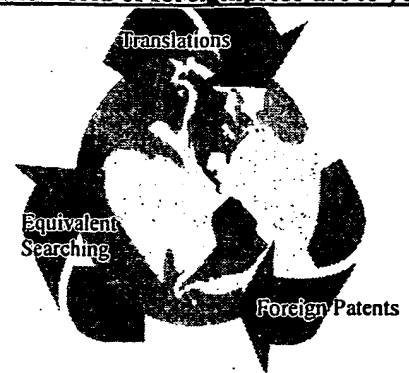
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Name: SC

Priority: 8-13-03

Sent: _____

Returned: _____



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U. S. Serial No. : 09/446425

Requester's Name: Tracey Akpah

Phone No. : 703 305 7820

Fax No. : _____

Office Location: 4D11

Art Unit/Org. : 2131

Group Director: _____

Is this for Board of Patent Appeals? _____

Date of Request: 8/11/03

Date Needed By: 8/15/03

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SPE Signature Required for RUSH: _____

Document Identification (Select One):

**** (Note: Please attach a complete, legible copy of the document to be translated to this form) ****

1. ☒ **Patent** Document No. _____
Language German
Country Code _____
Publication Date _____

2. ☐ **Article** No. of Pages _____ (filled by STIC)

3. ☐ **Other** Author _____
Language _____
Country _____

4. ☐ **Other** Type of Document _____
Country _____
Language German

Document Delivery (Select Preference):

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Date assigned: 8/12

Date filled: 8/12

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Doc. No.: _____

Country: _____

Remarks: _____

Translation

Date logged in: 8.13.03

PTO estimated words: 2407

Number of pages: _____

In-House Translation Available: _____

In-House:

Translator: _____

Assigned: _____

Returned: _____

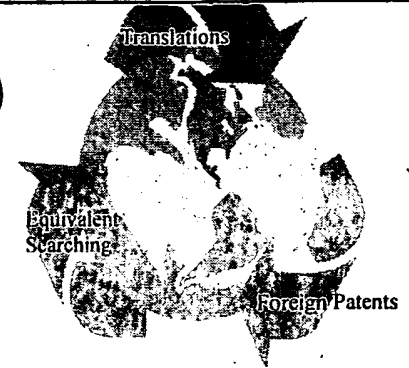
Contractor: _____

Name: SC

Priority: 8.13.03

Sent: _____

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Phone: 308-0881
Fax: 308-0989
Location: Crystal Plaza 3/4
Room 2C01

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Will you accept an English Language Equivalent?
(Yes/No)

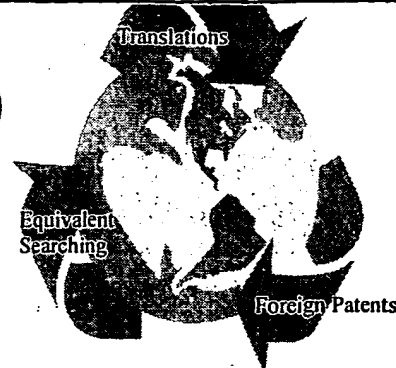
Will you accept an English abstract?
(Yes/No)

Would you like a consultation with a translator to review the document prior to having a complete written translation?
(Yes/No)

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104

U. S. Serial No. : 09/446425
Requester's Name: Tracey Akpali
Phone No. : 703 305 7820
Fax No. : _____
Office Location: 4D11
Art Unit/Org. : 2131
Group Director: _____

Is this for Board of Patent Appeals? _____

Date of Request: 8/11/03

Date Needed By: 8/15/03

(Please do not write ASAP-indicate a specific date)

Phone: 308-0881
Fax: 308-0989
Location: Crystal Plaza 3/4
Room 2C01

SPE Signature Required for RUSH:

Document Identification (Select One):

**** (Note: Please attach a complete, legible copy of the document to be translated to this form) ****

1. ☒ Patent Document No. Search Rep.
Language German
Country Code _____
Publication Date _____
No. of Pages _____ (filled by STIC)
2. ☐ Article Author _____
Language _____
Country _____
3. ☒ Other Type of Document Search Report
Country _____
Language German

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Will you accept an English Language Equivalent?
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Document Delivery (Select Preference):

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Copy/Search Processor: LS
Date assigned: 8/12
Date filled: 8/12
Equivalent found: _____ (Yes/No)

Doc. No.: _____
Country: _____

Remarks: _____

Translation Date logged in: 8-13-03
PTO estimated words: 1056
Number of pages: _____
In-House Translation Available: _____
In-House: _____ Contractor: _____
Translator: _____ Name: _____
Assigned: _____ Priority: _____
Returned: _____ Sent: _____
Returned: _____